

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
09/856502

FILING DATE

(APPENDIX B)

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1								
2								
3								
4								
5								
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10								
11	2		2					
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45	1							
46								
47								
48								
49								
50								
TOTAL IND.	2		2					
TOTAL DEP.	3		4					
TOTAL CLAIMS	4		6					

*	*	*	*
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			